PTO/SB/21 (09-04)

PTO/SB/21 (09-04)
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are required to respond to a collection of information unless it displays a valid OMB control number nder the Paperwork Reduction Act of 1995, no persons Application Number 09/973,629 Filing Date RANSMITTAL October 9, 2001 First Named Inventor FORM CHENG Art Unit 1641 Examiner Name LAM, Ann Y. r all correspondence after initial filing) Attorney Docket Number ART-00105.P.1.1-US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ✓ Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) 1. Postcard 2. Form 1449 Reply to Missing Parts/ 3. One (1) Binder of references Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name ssociates /id R. Preston Signature Printed name

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Reg. No.

38,710

David R Preston

April 25, 2006

Date

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PTO/SB/17 (12-04v2)

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Fees pursuant to the Cons	tive on 1208	2004. iations Act, 2005 (H.R.	1919)		Comp	piete ii Kno	wn
7	A CALL DE LANGE OF THE PARTY OF			Application Nun	nber 09/97	73,629	
FEE TRANSMITTAL				Filing Date O		October 9, 2001	
Fo	r FY 2	005		First Named Inv	entor CHE	NG	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name LAN		AM, Ann Y.	
				Art Unit 1641		1	
TOTAL AMOUNT OF PAY	MENT (\$	) 405.00		Attorney Docket	No. ART-	00105.P.1.	1-US
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 501321 Deposit Account Name: David R. Preston							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
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Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
<b>Application Type</b>	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	nall Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	1.50	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Small Entity							
Fee Description Fee (\$)							Fee (\$)
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)						50 200	25 100
Multiple dependent claims 360							180
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Depend							
						Fee (\$)	Fee Paid (\$)
HP = highest number of tota	•	or, if greater than 20.					
Indep. Claims - 3 or HP =	Extra Clair	<u>ns</u> <u>Fee (\$)</u> x	<u>Fee I</u>	Paid (\$)			
HP = highest number of inde	pendent claims		an 3.				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> - 100 =	Extra She	/ 50 =		round up to a w			(\$) <u>Fee Paid (\$)</u> =
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filing surcharge): Two month extension for reply; IDS filing fee 405.00							
UBMITTED BY							
gnature Registration No. 38 710 Telephone 959 7							ne <sub>858-724-0375</sub>
ame (Print/Type) David R. Preston  Date April 25, 20							<del></del>
anic (i mio rype) David R. I	- resion					Date Ap	

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